

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049198

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 325 Primary Registration District No. 6096 Registrar's No. 93

FILED DEC 28 1962

VS 300
Rev. 4/59

10980
28140

3

4 0

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11098

1291-8

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>SCHUYLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ICWA</u> b. COUNTY <u>APPANCOSE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GLENWOOD</u> <u>CN ROUTE</u>		c. CITY OR TOWN <u>UDELL</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 miles North of Glenwood, Missouri</u>		d. STREET ADDRESS (If outside, give location) <u>R.R.1.</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>RICHARD ELMER CAYLOR</u>		4. DATE OF DEATH Month <u>DEC.</u> Day <u>19</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/17/1932</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	9. AGE (last birthday) <u>30</u>
11a. FATHER'S NAME <u>FLOYD CAYLOR</u>		11b. MOTHER'S MAIDEN NAME <u>MAY MC CUNE</u>	11. BIRTHPLACE (City and state or country) <u>CENTERVILLE, IOWA</u>
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES (Korean)</u>		12b. SOCIAL SECURITY NO. <u>[REDACTED]</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Broken neck</u> DUE TO (b) <u>Truck accident</u> DUE TO (c) <u>Fog.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		14. NAME OF HUSBAND OR WIFE <u>MARILYN CAYLOR</u>	
15. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fog takes thick missed curve in road</u>		16. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>3:00</u> a.m. <u>Dec 19 62</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway B</u>		
20e. CITY, TOWN, OR LOCATION <u>N Glenwood</u>	20f. COUNTY <u>Schuyler</u>	20g. STATE <u>MO</u>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>3:00 A.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Flarence Shepherd, Registrar</u>		22b. ADDRESS <u>Appanocse MO</u>	
22c. DATE SIGNED <u>Dec 21 62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/21/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	23d. LOCATION (City, town, or county) <u>Appanocse County, Iowa</u>
24. FUNERAL DIRECTOR <u>Ronald L. Exline, Centerville Iowa</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 24, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Flarence Shepherd</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 4 1963

DEC 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David E. Foster

Licensed Embalmer No.

4742

P. O. Address

Funkmiller, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Removal Permit obtained 12/19/62
Completed Certificate returned 12/24/62